Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCAN, ATION SHEET (FOR USE), H FORM PTO-875)									SERIAL NO. 550847 FILING DATE APPLICANT(S.						
					-		CLAIN	1S			·	-			
	AS FILED		AFTER 1*AMENDMENT		AFTER  1 MAMENDMENT				AS FILED		AFTER		AFTER		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	1		IND.	DEP.	IND.	DEP.	IND.	DEP.	
2				1-1-			i	51 52		·	. ,			DBI.	
3							1	53							
5								54			-	- ·	·		
6	-:			<del>                                     </del>			ł	<u>55</u> 56							
7						<del> </del>	1	57		· · ·					
8 9							1	58							
10			<del></del> -	1-		<b> </b>	•	59							
11							1	60					·		
12							1	62		<del></del>					
13 14							Ì	63							
15								64				·			
16	-							65							
17 18								67				<del>- · · · ·</del>			
19		<del></del>					•	68							
20								69 70		<u> </u>					
21			9					71							
22 23				·				72							
24			<del></del>					73 74.							
25							·	75							
26 27								76							
28								77							
29						·		78 79							
30						<del></del>		80							
31 32					<u></u>		•	81							
33								82 83							
34							-	84	<del></del>						
35 36				·			•	85							
37				<del></del>			,	86							
38								87 88							
39.								89.							
40			]					90				<del></del>			
42								91							
43							ŀ	92 93							
44							ł	94						<del></del>	
45					•			95							
46 47				·				96							
48								97				]			
49							ŀ	98 99				<del> </del>			
50			1			-		100							
OTAL IND.		4	3	4		#		TOTAL IND.		4		4		1	
OTAL DEP.	- 1 - 1 1	4	11	4		4		TOTAL DEP		<u> </u>		_		<u>.</u>	